

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">28</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS BARBARA <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 1.2em;">ODom-Wesley</div>		OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED - CSO 18 APR - 4 AM 9:30 </div>
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1100 ASCOTT CT ARLINGTON TX 76012</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<input type="checkbox"/> Change of Address		Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 860-0275		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR ELZIE <small>NICKNAME LAST SUFFIX</small> <div style="text-align: center; font-size: 1.2em;">ODom</div>		Receipt # Amount \$
	Date Processed		Date Imaged
	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">1019 BYRON LN ARLINGTON TX 76012</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 265-8804		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em; text-align: center;">1 / 1 / 2018 THROUGH 4 / 2 / 2018</div>		
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">05 / 05 / 18</div> </div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <div style="text-align: right; font-size: 1.5em; margin-top: 20px;">1 ARLINGTON CITY COUNCIL DISTRICT</div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME BARBARA ODOM-WESLEY 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 45.86
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9255.86
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 4329.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5122.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Barbara Odom-Wesley
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Barbara Odom-Wesley this the 4th day of April, 2018, to certify which, witness my hand and seal of office.

JCL
Signature of officer administering oath

Jillian Cloud
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8680.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 530.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3619.70
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 709.33
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/25/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mrs. Minnie Miles

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

6005 Ash Creek Ct ARLINGTON TX 76018

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/23/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. PAUL GRAMZA

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1008 BYRON LN ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS PAUL WILLIAMS

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

6015 AUTUMN HILL DR FORT WORTH TX 76140

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. BRENDA SADLER

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

2612 RIVEROAKS DR ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

2/19/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS ELZIE ODOM

6 Contributor address;

City; State; Zip Code

1019 BYRON LN ARLINGTON TX 76012

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. Kelly Mohorc

Contributor address;

City; State; Zip Code

2702 MARK TWAIN CT ARLINGTON TX 76006

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. DOROTHY DOUGLAS

Contributor address;

City; State; Zip Code

112 OAKRIDGE TR KENNEDALE TX 76060

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS. RICHARD BRINK

Contributor address;

City; State; Zip Code

P.O. BOX 120982 ARLINGTON TX 76012

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/8/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MRS. BONNIE BORDERS

6 Contributor address;

City; State; Zip Code

6317 FoxhUNT DR ARLINGTON TX 76001

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. CURTIS Wesley

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

550.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. HARRY Flood

Contributor address;

City; State; Zip Code

2815 Gillnespie Grand PRairie TX 75052

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. SEANRA Wesson

Contributor address;

City; State; Zip Code

4016 JUNIPER CT Euless TX 76040

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MRS. LISA THOMPSON

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

706 NORTHMEADOW DR ARLINGTON TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS KENT GARDNER

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1021 BYRON LN ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS RANDY LUSTER

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3843 BELTON DR DALLAS TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. WANDA COOPER

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

604 GUNNISON DR ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

18

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mrs. Cheryl CARPENTER

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

2601 Springdale CT ARLINGTON TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS. ANTHONY POWELL

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2408 ARBOR OAKS DR ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS. ROBERT DIXON

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4032 BORDEAUX DR FLOWER MOUND TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. ARGENTIA COOPER

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3105 Willowdale DR ARLINGTON TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS SMITHY HARRIS

6 Contributor address;

City; State; Zip Code

6006 Green forest KRLINGTON TX 76001

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS JAMES EDDINS

Contributor address;

City; State; Zip Code

2104 LAKE COUNTRY ARLINGTON TX 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS WENDELL BLACK

Contributor address;

City; State; Zip Code

1504 CROWLEY RD ARLINGTON TX 76012

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS RALPH HOLLOWAY

Contributor address;

City; State; Zip Code

2716 RIVER LEGACY DR KRLINGTON TX 76006

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODom-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS CLAYTON DYE

6 Contributor address;

City; State; Zip Code

2401 N Fielder Rd ARLINGTON TX 76012

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. JAMES RUNZHEIMER

Contributor address;

City; State; Zip Code

2405 GARDEN PARK CT ARLINGTON TX 76013

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS EUGENE TOMS

Contributor address;

City; State; Zip Code

6429 PARKMONT DR ARLINGTON TX 76001

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS Rod Adams

Contributor address;

City; State; Zip Code

3915 CROSS BEND DR ARLINGTON TX 76016

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/11/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS BOB SNAKE LeGRAND

6 Contributor address; City; State; Zip Code

500 THROCKMORTON ST #1712 FORT WORTH TX 76102

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/11/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. SHARON RANDOLPH

Contributor address; City; State; Zip Code

7001 W. PARKER RD #1318 PLANO TX 75093

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/13/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. CAROLYN WILLIAMSON

Contributor address; City; State; Zip Code

2459 LAKEWOOD DR GRAND PRAIRIE TX 75054

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/14/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR & MRS WILLIAM VERKEST

Contributor address; City; State; Zip Code

2402 N Hunter Place LN ARLINGTON TX 76006

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. SHARON SPEARS

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1001 Shortleaf Pine ARLINGTON TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/20/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. TAMKA TUTT

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

915 Thistle Ridge ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR. VERNIS WARE

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

70200 RAVEN MEADOW DR ARLINGTON TX 76002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. CECILIA WILSON

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

1003 MAYES ST Cedar Hills TX 75104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/20/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MRS. EMMA WALKER

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

2700 GREENBROOK DR ARLINGTON TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. MARY WHITE

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

3443 SAN CLEMENTE DR ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. MAE CLARK

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2222 PARK HILL DR ARLINGTON TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. TAMARA GLASPIE

Amount of contribution (\$)

75.00

Contributor address;

City; State; Zip Code

1175 LONDON LANE ALLEN TX 75013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/21/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. Glenn Lewis

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

5600 Rockhill Rd Fort Worth TX 76112

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/21/18

Full name of contributor

☐ out-of-state PAC (ID#)

LINEBARGER GOGGAN BLAIR & SAMPSON LLP

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

100 Throckmorton St Fort Worth TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR. Christopher Hightower

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2300 Castle Rock Rd ARLINGTON TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS James Rose

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

5701 MEMORIAL ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MRS. PAULA PIERSON

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

2117 Shadow Ridge DR ARLINGTON TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS Keith Kiles

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3907 Abbermare CT ARLINGTON TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS Joe Buckner

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1733 Flowers DR CARROLLTON TX 75007

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR William Wesley

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

348 Sagebrush TRL Murphy TX 75094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR. & MRS. RICKY TEXADA

6 Contributor address;

City; State; Zip Code

1801 ARRINGTON GREEN COLLEYVILLE TX 76034

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. & MRS. ANTHONY SHANKLE

Contributor address;

City; State; Zip Code

208 MARY PAT DR GRAND PRAIRIE TX 75052

Amount of contribution (\$)

30.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR. & MRS. WILKIE SANDERS

Contributor address;

City; State; Zip Code

520 REALE DR IRVING TX 75039

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. DORA NISBY

Contributor address;

City; State; Zip Code

4520 CORLEY ST BEAUMONT TX 77707

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR. Michael Lummus

6 Contributor address;

City; State; Zip Code

8009 RAINTREE CT ALVARADO TX 76009

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/26/18

Full name of contributor

☐ out-of-state PAC (ID#:

PENNY PATRICK

Contributor address;

City; State; Zip Code

2305 CASTLE ROCK RD ARLINGTON TX 76006

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. LISA TURNER

Contributor address;

City; State; Zip Code

3060 NADAR GRAND PRAIRIE TX 75054

Amount of contribution (\$)

150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/18

Full name of contributor

☐ out-of-state PAC (ID#:

MRS. YVONNE COEMIER

Contributor address;

City; State; Zip Code

1507 KIRBY DR HOUSTON TX 77019

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

MR. & MRS. Charles Steward

6 Contributor address;

City; State; Zip Code

2000 BOTTIS DR ARLINGTON TX 76012

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. & MRS. DONALD CAGER

Contributor address;

City; State; Zip Code

4100 ARAGON DR FORT WORTH TX 76133

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

MR. & MRS. JOSEPH FAUST

Contributor address;

City; State; Zip Code

1507 RIVERVIEW DR ARLINGTON TX 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#:

REV. & MRS. DWIGHT MCKISSIC SR.

Contributor address;

City; State; Zip Code

2409 N. PLEASANT CIR ARLINGTON TX 76015

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

MR & MRS JOHN EUBANKS

6 Contributor address;

City; State; Zip Code

1001 LOCK LOMOND ARLINGTON TX 76012

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. NANCY BARRETT

Contributor address;

City; State; Zip Code

3606 BIG BEAR LAKE CT ARLINGTON TX 76016

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. JUANITA ODOM

Contributor address;

City; State; Zip Code

3135 SECRET FOREST LN MISSOURI CITY TX 77459

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/18

Full name of contributor

☐ out-of-state PAC (ID#)

MRS. SHAWNA RIDLEY

Contributor address;

City; State; Zip Code

1721 FREDRICKBURG DR MESQUITE TX 75181

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 17

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/18

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ms. Pamela ODOM

6 Contributor address;

City; State; Zip Code

2519 CEZANNE CIR MISSOURI CITY TX 77459

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR. & MRS. WARREN WALKER

Contributor address;

City; State; Zip Code

1809 SMITH LN ARLINGTON TX 76013

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/18

Full name of contributor

☐ out-of-state PAC (ID#)

MR. TRAN TRONG

Contributor address;

City; State; Zip Code

3605 BIG BEAR LAKE CT ARLINGTON TX 76016

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>BARBARA ODOM-Wesley</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/11/18</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>MR. & MRS. RALPH HOLLOWAY</u> 7 Contributor address; City; State; Zip Code <u>2716 RIVER LANE DR ARLINGTON TX 76006</u>	8 Amount of Contribution \$ <u>100.00</u>	9 In-kind contribution description <u>PAID MUSICIAN KICK-OFF</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
11 Employer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <u>3/26/18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>TERESA BEAUDOIN - ALREADY GEAR</u> Contributor address; City; State; Zip Code <u>6460 MARVIN D LOVE STE B6 DALLAS TX 75231</u>	Amount of Contribution \$ <u>350.00</u>	In-kind contribution description <u>YARD SIGN - 100</u>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Employer (FOR NON-JUDICIAL) (See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2

2 FILER NAME

BARBARA ODOM-Wesley

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/26/18

6 Full name of contributor ☐ out-of-state PAC (ID#:

ALISA SIMMONS - DJ'S PRINT

7 Contributor address; City; State; Zip Code

4205 HOPE WELLS CT ARLINGTON TX 76016

8 Amount of Contribution \$

80.00

9 In-kind contribution description

PRINTING BANNER

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/18	5 Payee name MR. MARVIN SUTTON	
6 Amount (\$) 21.00	7 Payee address; City; State; Zip Code 1909 SYRACUSE COURT ARLINGTON TX 76002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLLING EXPENSE - DISTRICT MAPS	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DISTRICT MAPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/15/18	Payee name TEXAS VAN DEMOCRATIC PARTY	
Amount (\$) 370.00	Payee address; City; State; Zip Code 1106 LAVACA STE 100 AUSTIN TX 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) POLLING EXPENSE - VOTER HISTORY	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VOTER HISTORY
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/17/18	Payee name Kennedy JONES - ARLINGTON MINISTRIES ASSOCIATION	
Amount (\$) 25.00	Payee address; City; State; Zip Code 126 E PARK ROW DR ARLINGTON TX 76010	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE - Gospel Celebration	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gospel Celebration EVENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3/19/18	5 Payee name ARLINGTON Chamber of Commerce	
6 Amount (\$) 40.00	7 Payee address; City; State; Zip Code 505 E Border ST ARLINGTON TX 76010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE PRAYER BREAKFAST	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRAYER breakfast event

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

Date 3/1/18	Payee name GO DADDY	
Amount (\$) 12.00	Payee address; City; State; Zip Code 14455 N Hayden Rd SCOTTDALE AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - web design	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website Name

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
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Date 3/14/18	Payee name MUVE MEDIA	
Amount (\$) 300.00	Payee address; City; State; Zip Code 20100 Timberidge Rd HARRAH OK 73045	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other - web design	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web design

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held
-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 3/26/18	5 Payee name ALready GEAR	
6 Amount (\$) 1050.00	7 Payee address; City; State; Zip Code 6960 MARVIN D LOVE FRwy suite B6 DALLAS TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINT expense - YARD SIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YARD SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 3/30/18	Payee name DJ's PRINT AND PROMO	
Amount (\$) 1714.22	Payee address; City; State; Zip Code 4205 HOPEWELL COURT	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINT expense - PUSHCARDS, NAME TAGS, envelopes, YARD SIGN	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PUSHCARDS, NAME TAGS, envelopes 10 YARD SIGNS
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 4/2/18	Payee name PAY PAL	
Amount (\$) 54.17	Payee address; City; State; Zip Code 2211 NORTH FIRST STREET SAN JOSE CA 95131	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees - CREDIT CARD fee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD fee
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BARBARA ODOM-Wesley	3 Filer ID (Ethics Commission Filers)
4 Date 4/2/18	5 Payee name MERCHANT ACCOUNT SOLUTION	
6 Amount (\$) 33.31	7 Payee address; City; State; Zip Code 101 Hoden CAMP Rd THOUSAND OAKS CA 91360	
8 PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> (a) Category (See Categories listed at the top of this schedule) fee CREDIT CARD fees </div> <div style="width: 48%;"> (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD fees </div> </div>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 20%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 48%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 20%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 48%;"> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 20%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/18		5 Payee name Elzie ODOM RECREATION CENTER			
6 Amount (\$) 320.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1601 NE GREEN OAKS ARLINGTON TX 76006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE KICKOFF		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense KICKOFF CELEBRATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/3/18		Payee name office DEPOT			
Amount (\$) 186.33 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 780 E ROAD TO SIX FLAGS ST SUITE 210 ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE STAMPS, PRINTING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMPS, PRINTING COPIES	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/10/18		Payee name office DEPOT			
Amount (\$) 53.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 780 E ROAD TO SIX FLAGS ST SUITE 210 ARLINGTON TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING, CRA STAMPS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 3/16/18	5 Payee name US POST office	
6 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1009 OAKWOOD LN ARLINGTON TX 76012	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE STAMPS	(b) Description STAMPS for mailing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 4/2/18	Payee name US POST office	
Amount (\$) 50.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1009 OAKWOOD LN ARLINGTON TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE - STAMPS	Description STAMPS for mailing <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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